

SENATE BILL No. 130

DIGEST OF INTRODUCED BILL

Citations Affected: IC 5-10-8-7.6; IC 27-8-14.4; IC 27-13-7-14.3.

Synopsis: Hormone replacement therapy and contraceptives. Requires insurers, health maintenance organizations, and group health coverage programs for public employees to provide coverage for hormone replacement therapy and outpatient prescription contraceptive drugs.

Effective: July 1, 2004.

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January 6, 2004, read first time and referred to Committee on Health and Provider Services.

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Second Regular Session 113th General Assembly (2004)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2003 Regular Session of the General Assembly.

SENATE BILL No. 130

A BILL FOR AN ACT to amend the Indiana Code concerning insurance.

Be it enacted by the General Assembly of the State of Indiana:

1 SECTION 1. IC 5-10-8-7.6 IS ADDED TO THE INDIANA CODE
2 AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
3 1, 2004]: **Sec. 7.6. (a) As used in this section, "covered individual"**
4 **means a woman who is:**

5 **(1) covered under a self-insurance program established under**
6 **section 7(b) of this chapter to provide group health coverage;**
7 **or**

8 **(2) entitled to services under a contract with a health**
9 **maintenance organization (as defined in IC 27-13-1-19) that**
10 **is entered into or renewed under section 7(c) of this chapter.**

11 **(b) As used in this section, "hormone replacement therapy"**
12 **means therapy, including the administering of prescription drugs,**
13 **that:**

14 **(1) partially replenishes the hormones that diminish with**
15 **menopause;**

16 **(2) controls menopausal symptoms; or**

17 **(3) protects against diseases that a woman is more exposed to**



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after menopause.

The term does not include the prescribing or administering of fertility drugs.

(c) As used in this section, "outpatient contraceptive services" means:

- (1) consultations;
- (2) examinations;
- (3) procedures; and
- (4) medical services;

provided on an outpatient basis and related to the use of any contraceptive method to prevent an unintended pregnancy. The term does not include abortion (as defined in IC 16-18-2-1) or the prescribing or administering of abortifacients.

(d) As used in this section, "outpatient prescription contraceptive drugs" means a prescription contraceptive drug, device, or service approved by the United States Food and Drug Administration that is:

- (1) intended to prevent pregnancy;
- (2) provided on an outpatient basis; and
- (3) related to the use of contraceptive methods to prevent an unintended pregnancy.

The term does not include abortion (as defined in IC 16-18-2-1) or abortifacients, including any drugs or devices that are intended to terminate a pregnancy.

(e) A self-insurance program established under section 7(b) of this chapter to provide health care coverage must provide a covered individual with coverage for:

- (1) hormone replacement therapy services for perimenopausal and postmenopausal women; and
- (2) outpatient contraceptive services.

If the program provides prescription drug benefits, the program must provide a covered individual with coverage for outpatient prescription contraceptive drugs or devices.

(f) A contract with a health maintenance organization that is entered into or renewed under section 7(c) of this chapter must provide a covered individual with coverage for:

- (1) hormone replacement therapy services for perimenopausal and postmenopausal women; and
- (2) outpatient contraceptive services.

If the contract provides prescription drug benefits, the contract must provide an enrollee with outpatient prescription contraceptive drugs or devices.

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(g) The coverage required by subsection (e) and the services required by subsection (f) may not be subject to dollar limits, deductibles, or coinsurance provisions that are less favorable to a covered individual than the dollar limits, deductibles, copayments, or coinsurance provisions applying to physical illness generally under the self-insurance program or contract with a health maintenance organization.

(h) The coverage required by subsection (e) and the services required by subsection (f) shall be provided in addition to any benefits specifically provided for x-rays, laboratory testing, or wellness examinations.

SECTION 2. IC 27-8-14.4 IS ADDED TO THE INDIANA CODE AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2004]:

Chapter 14.4. Coverage for Services Related to Hormone Replacement Therapy and Contraceptives

Sec. 1. (a) As used in this chapter, "accident and sickness insurance policy" means an insurance policy that:

- (1) provides at least one (1) of the types of insurance described in IC 27-1-5-1, Classes 1(b) and 2(a); and
- (2) is issued on an individual or a group basis.

(b) The term does not include accident only, credit, dental, vision, Medicare supplement, long term care, or disability income insurance.

Sec. 2. (a) As used in this chapter, "hormone replacement therapy" means therapy, including the administering of prescription drugs, that:

- (1) partially replenishes the hormones that diminish with menopause;
- (2) controls menopausal symptoms; or
- (3) protects against diseases that a woman is more exposed to after menopause.

(b) The term does not include the prescribing or administering of fertility drugs.

Sec. 3. As used in this chapter, "insured" means a female individual who is entitled to coverage under a policy of accident and sickness insurance.

Sec. 4. (a) As used in this section, "outpatient contraceptive services" means:

- (1) consultations;
- (2) examinations;
- (3) procedures; and

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(4) medical services;
provided on an outpatient basis and related to the use of any
contraceptive method to prevent an unintended pregnancy.

(b) The term does not include abortion (as defined in
IC 16-18-2-1) or abortifacients.

Sec. 5. (a) As used in this chapter, "outpatient prescription
contraceptive drugs" means a prescription contraceptive drug,
device, or service approved by the United States Food and Drug
Administration that is:

- (1) intended to prevent pregnancy;
- (2) provided on an outpatient basis; and
- (3) related to the use of contraceptive methods to prevent an
unintended pregnancy.

(b) The term does not include abortion (as defined in
IC 16-18-2-1) or abortifacients, including any drugs or devices that
are intended to terminate a pregnancy.

Sec. 6. (a) This chapter does not apply to an insurance policy
that is issued by or to an entity that finds contraception
incompatible with its religious or moral teachings and beliefs.

(b) If an entity claims an exemption from this chapter under
subsection (a), the entity shall present the following in writing to
each potential policyholder or certificate holder of an insurance
policy issued by the entity:

- (1) A statement that, because the diagnosis or treatment of
certain conditions is incompatible with the entity's religious
or moral teachings and beliefs, the entity does not offer
coverage for the diagnosis or treatment of those conditions.
- (2) A list of the specific conditions for which the entity does
not provide coverage for diagnosis or treatment under
subdivision (1).

The disclosure must provide a space for the potential policyholder
or certificate holder to sign to acknowledge that the potential
policyholder or certificate holder has been provided with and
understands the information disclosed under subdivisions (1) and
(2).

Sec. 7. (a) Except as provided in section 6 of this chapter, an
insurer that provides coverage for outpatient services provided by
a health care provider must provide a covered individual with
coverage for:

- (1) hormone replacement therapy services for perimenopausal
and postmenopausal women; and
- (2) outpatient contraceptive services.

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(b) Except as provided in section 6 of this chapter, an insurer that issues an insurance policy that provides coverage for outpatient prescription drugs must provide a covered individual with benefits for outpatient prescription contraceptive drugs.

Sec. 8. (a) The coverage that an insurer provides under this chapter may not be subject to an annual deductible or coinsurance that is greater than an annual deductible or coinsurance established for similar benefits under the accident and sickness insurance policy. If the policy does not cover a similar benefit, the deductible or coinsurance applying to coverage provided under this chapter may not be set at a level that materially diminishes the value of the coverage provided under this chapter.

(b) The coverage that an insurer provides under this chapter may not be subject to dollar limits, deductibles, or coinsurance provisions that are less favorable to the insured than the dollar limits, deductibles, or coinsurance provisions applying to physical illness generally under the accident and sickness insurance policy.

(c) The coverage that an insurer provides under this chapter is in addition to any benefits specifically provided for x-rays, laboratory testing, prescription drugs, or wellness examinations.

SECTION 3. IC 27-13-7-14.3 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2004]: Sec. 14.3. (a) As used in this section, "hormone replacement therapy" means therapy, including the administering of prescription drugs, that:

- (1) partially replenishes the hormones that diminish with menopause;
- (2) controls menopausal symptoms; or
- (3) protects against diseases that a woman is more exposed to after menopause.

The term does not include the prescribing or administering of fertility drugs.

(b) As used in this section, "outpatient contraceptive services" means:

- (1) consultations;
- (2) examinations;
- (3) procedures; and
- (4) medical services;

provided on an outpatient basis and related to the use of any contraceptive method to prevent an unintended pregnancy. The term does not include abortion (as defined in IC 16-18-2-1) or abortifacients.

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(c) As used in this section, "outpatient prescription contraceptive drugs" means a prescription contraceptive drug, device, or service approved by the United States Food and Drug Administration that is:

- (1) intended to prevent pregnancy;
- (2) provided on an outpatient basis; and
- (3) related to the use of contraceptive methods to prevent an unintended pregnancy.

The term does not include abortion (as defined in IC 16-18-2-1) or abortifacients, including any drugs or devices that are intended to terminate a pregnancy.

(d) This section does not apply to a contract that is issued by or to an entity that finds contraceptive drugs incompatible with its religious or moral teachings and beliefs.

(e) If an entity claims an exemption from this section under subsection (d), the entity shall present the following in writing to each potential subscriber of a contract issued by or to the entity:

- (1) A statement that, because the diagnosis or treatment of certain conditions is incompatible with the entity's religious or moral teachings and beliefs, the entity does not offer coverage for the diagnosis or treatment of those conditions.
- (2) A list of the specific conditions for which the entity does not provide coverage for diagnosis or treatment under subdivision (1).

The disclosure must provide a space for the potential subscriber to sign to acknowledge that the potential subscriber has been provided with and understands the information disclosed under subdivisions (1) and (2).

(f) Except as provided in subsection (d), a health maintenance organization that provides coverage for outpatient services provided by a health care provider must provide an enrollee with coverage for:

- (1) hormone replacement therapy services for perimenopausal and postmenopausal women; and
- (2) outpatient contraceptive services.

(g) Except as provided in subsection (d), a health maintenance organization that is issued a certificate of authority in Indiana and that provides coverage for outpatient prescription drugs must provide benefits for outpatient prescription contraceptive drugs provided by a health care provider to an enrollee.

(h) The coverage required under this section may not be subject to dollar limits, deductibles, copayments, or coinsurance provisions

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1 that are less favorable to enrollees than the dollar limits,
 2 deductibles, copayments, or coinsurance provisions applying
 3 generally under the contract.

4 (i) Under the coverage required under this section, an enrollee
 5 may not be required to pay a deductible, coinsurance, or a
 6 copayment for outpatient prescription drugs, devices, or services
 7 that is greater than the deductible, coinsurance, or copayment
 8 established for other outpatient prescription drugs, devices, or
 9 services under the contract.

10 SECTION 4. [EFFECTIVE JULY 1, 2004] (a) IC 5-10-8-7.6, as
 11 added by this act, applies to a self-insurance program or a contract
 12 to provide health services through a prepaid health care delivery
 13 plan that is established, delivered, entered into, or renewed after
 14 June 30, 2004.

15 (b) IC 27-8-14.4, as added by this act, applies to insurance
 16 policies issued, delivered, executed, or renewed after June 30, 2004.

17 (c) IC 27-13-7-14.3, as added by this act, applies to health
 18 maintenance organization contracts entered into, delivered,
 19 executed, or renewed after June 30, 2004.

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